

# The State of New Hampshire

\_\_\_\_\_ COUNTY

PROBATE COURT

## REPORT OF THE GUARDIAN OF THE PERSON - MINOR

6-month Report

Annual Report

Other

IN RE: Guardianship of \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

1. Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_
2. Minor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Type of facility \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name of institution (if minor is institutionalized) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
4. Physical health of minor \_\_\_\_\_  
Significant changes since last report \_\_\_\_\_
5. Hospitalization(s) since last report \_\_\_\_\_  
Surgical procedure(s) since last report \_\_\_\_\_  
Illness(es) since last report \_\_\_\_\_
6. Mental health of minor \_\_\_\_\_  
Psychiatric treatment(s) since last report \_\_\_\_\_
7. Has there been any change of living conditions of the minor since the last report?  
Yes      No      If yes, please explain. \_\_\_\_\_
8. Has there been any change in the financial status of the minor since the last report?  
Yes      No      If yes, please explain. \_\_\_\_\_
9. Name of present school attended by the minor \_\_\_\_\_  
Grade \_\_\_\_\_ Are there any special educational issues that have arisen since the last report? If so, please explain. \_\_\_\_\_

IN RE: Guardianship of \_\_\_\_\_

**10. Provide any other information related to the well-being, behaviors, and care of the minor that may assist the court to better assess the general welfare of the minor.**

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Guardian Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Guardian Signature**

**READ AND APPROVED**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Judge of Probate**